

	PUBLIC WORKS DEPARTMENT, OPERATIONS 1800 Maxwell Road, Chula Vista, CA 91911 Phone: (619) 397-6111 Fax: (619) 397-6259	STORM WATER TREATMENT BMPs INSPECTION AND MAINTENANCE CERTIFICATION FORM
	FORM 5502	

Section 1

The following is a list of storm water Treatment Control Best Management Practices (BMPs) that may exist within your development. Please indicate the number of each type of BMP existing in your development and list the dates of inspections and maintenance activities during the past 12 months.

Type of BMP	Filter Insert	Hydrodynamic Separator	Wet Vault	Vegetated Swale	Bio Retention	Other _____
Number of Units						
<input type="checkbox"/> Inspection						
<input type="checkbox"/> Maintenance						
<input type="checkbox"/> Inspection						
<input type="checkbox"/> Maintenance						
<input type="checkbox"/> Inspection						
<input type="checkbox"/> Maintenance						
<input type="checkbox"/> Inspection						
<input type="checkbox"/> Maintenance						
<input type="checkbox"/> Inspection						
<input type="checkbox"/> Maintenance						

Section 2

The following certification must be signed and returned to the City of Chula Vista as explained in the cover letter.

<p>I understand that the development entitlement agreement for the development that I represent includes inspection and maintenance requirements for storm water treatment facilities. Further, I understand that Chula Vista Municipal Code Chapter 14.20, and the Chula Vista Development Storm Water Manual include requirements for the minimization of polluted discharges through the use of Best Management Practices. I certify that the information provided in Section 1 above is, to the best of my knowledge, true and accurate.</p> <p>I also understand that non-compliance with the City's storm water management regulations may result in enforcement action by the City.</p> <p>Name and Title: _____</p> <p>Development Name: _____</p> <p>Address: _____</p> <p>Signature: _____ Date: _____</p>
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